

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION**

JENIKE ALLEN, et al.,	:	CASE NO: 1:22-cv-00358
Plaintiffs,	:	
	:	JUDGE MICHAEL R. BARRETT
vs.	:	
ANGEL’S CARE FAMILY HOME,	:	[PROPOSED] JUDICIAL NOTICE
INC., et al.	:	OF LAWSUIT FOR UNPAID
	:	WAGES
Defendants.		

TO: Caregivers, current and former, who worked for Angel’s Care Family Home, Inc. and/or Todd Sloan and/or Lisa Sloan, who were paid straight time for any hours in excess of forty (40) hours in a workweek from June 21, 2019 to present.

RE: Your Right to Participate in a Lawsuit to Recover Overtime Pay

INTRODUCTION

The purpose of this Notice is to inform you of a lawsuit filed on behalf of Caregivers who are currently employed or formerly employed by Angel’s Care Family Home, Inc. and/or Todd Sloan and/or Lisa Sloan (“Defendants”) who were paid straight time for any hours worked in excess of forty (40) hours in a workweek from June 21, 2019 to present. The Plaintiff in this lawsuit alleges that Defendants violated the Fair Labor Standards Act by failing to properly pay overtime to Caregivers at Defendants from June 21, 2019 to present.

Plaintiff is seeking to recover overtime pay she claims she was denied by Defendants’ practices. Defendants deny the allegations and contend that their compensation policies are and were lawful. You are receiving this notice because you have been identified as a current or former employee who may be eligible to make a claim for overtime pay.

YOUR RIGHT TO PARTICIPATE IN THE LAWSUIT

The Court in this case has ordered that this notice be sent to all persons who have potential claims, specifically all Caregivers who were paid straight time for any hours in excess of forty (40) hours in a workweek from June 21, 2019 to present.

If you fit the definition above and worked hours for which you were not paid, or worked over forty (40) hours during any workweek without receiving proper overtime pay, you are eligible to participate in this lawsuit. If you choose to join this lawsuit, you may be required to participate in written discovery and to appear for a deposition and/or trial. You may join this action by mailing, faxing, or emailing the enclosed Consent Form to:

**STOKAR LAW, LLC
c/o Robb Stokar
404 E. 12th Street – First Floor
Cincinnati, Ohio 45202
Telephone (513) 500-8511
Fax (513) 586-0655
Email rss@stokarlaw.com**

The Plaintiff Consent Form must be postmarked on or before [DATE] in order for you to participate. Should you choose to join this lawsuit your interests will be represented by Plaintiffs' Counsel, STOKAR LAW, LLC ("Plaintiff's Counsel") Plaintiff's Counsel has agreed to represent you on a contingent basis. Plaintiff's Counsel will not bill you for his time and expenses and will only receive payment if he is successful in this case.

NO RETALIATION PERMITTED

The law forbids your employer from retaliating against you for exercising your rights under the Fair Labor Standards Act. Therefore, your employer is prohibited from discharging you or retaliating against you in any manner because of your decision to participate in this action, should you choose to do so.

THIS NOTICE AND ITS CONTENT HAVE BEEN AUTHORIZED BY THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF OHIO.

**THIS COMPLETED CONSENT FORM MUST BE POSTMARKED ON OR BEFORE
[DATE] IN ORDER FOR YOU TO PARTICIPATE IN THIS CASE.**

**ANGEL'S CARE FAMILY HOME, INC.
CONESNT FORM**

1. By signing this document, I consent to make a claim under the Fair Labor Standards Act ("FLSA") against my current/former employer(s) Angel's Care Family Home, Inc. and/or Todd Sloan and/or Lisa Sloan ("Defendants") to recover overtime pay.
2. During the past three years, there were occasions where I worked more than forty (40) hours in a workweek as an hourly Caregiver for Defendants and did not receive overtime pay for all hours worked in excess of forty (40).
3. I understand that I may withdraw my consent to proceed with my claims at any time by notifying the attorney handling the matter.

Date: _____ Signature: _____

Print Name: _____

No Information Included Below Will Be Filed With The Court
PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Name: _____
(First) (Middle) (Last)

Street Address: _____

City, State, Zip: _____

Best Phone Number(s): _____

Non-Work Email: _____

**Return this form to: STOKAR LAW, LLC
c/o ROBB STOKAR
404 E. 12th Street – First Floor
Cincinnati, Ohio 45202
Telephone (513) 500-8511
Fax (513) 586-0655
rss@stokarlaw.com**

If your contact information changes during this case, please call Stokar Law, LLC at 513-500-8511 to update your information.